12489

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County: Caroline

City or town: Federalsburg — (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred: East Central Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Federalsburg (If outside city or town limits, write RURAL and give nearest town)

Street No.: 328 Park Avenue (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Willie Bolden

3. (b) Social Security Number 218-03-2154

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Pearl Louise Bolden

6.(c) If alive, give age: 27 years

7. Birth date of deceased (mo., day, yr.): June 27, 1910

8. AGE:

Years	Months	Days	If less than one day
30	6	2	hrs. min.

9. Birthplace: Caroline County, Maryland (Town, county, and state)

10. Usual occupation: General Laborer

11. Industry or business: General work by day

FATHER
12. Name: George Bolden
13. Birthplace: Dorchester County, Md.

MOTHER
14. Maiden name: Ira Dickerson
15. Birthplace: East New Market, Md.

16. Informant: Mrs. Willie Bolden

Address: Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 2, 1941 (month) (day) (year)

Cemetery or crematory: Federalsburg Colored Cemetery

Location: Federalsburg, Maryland

18. Funeral director: J. J. Frampton & Son

Address: Federalsburg, Maryland

19. Dec. 31 1940 (Date rec'd by registrar) J. J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 29 1940, at 5:30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Sudden - Struck by Auto mobile

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Infinity Medical Assn. Date signed: 1/31/40

Smith [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

12490

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County: Caroline

City or town: Near Bethlehem (P.O. Preston R.D.)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 58 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Near Bethlehem. (Preston R.F.D.)
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Effie May Bowdle

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married.

6.(b) Name of husband or wife: R. Elmer Bowdle

6.(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.): Nov. 3" 1882

8. AGE:

Years	Months	Days	If less than one day
58	1	3	hrs. min.

9. Birthplace: Caroline Co. Md.
(Town, county, and state)

10. Usual occupation: House-work.

11. Industry or business: Own home

FATHER
12. Name: Isaiah LeGates
13. Birthplace: Dorchester Co. Md.

MOTHER
14. Maiden name: Annie Willoughby
15. Birthplace: Caroline Co. Md.

16. Informant: R. Elmer Bowdle
Address: Preston. Md. R.F.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 9" 1940
(month) (day) (year)

Cemetery or crematory: Linchester Cemetery

Location: Near Preston. Md

18. Funeral director: J. J. Frampton & Son
Address: Federalsburg. Md.

19. Dec. 7, 1940 19 Cornelia D. Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6" 1940 at 12-Noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend the above, to 19
~~and that I saw her~~ alive ~~on~~ Never; Called after death

Immediate cause of death: Sudden Cerebral apoplexy From History & some physical Findings.

Due to: Arteriosclerosis

Due to: Hypertension

Other conditions: Was called after death never attended; Hadn't seen a doctor in 10 years
(Include pregnancy within 3 months of death)

DURATION
immediate
?
?

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thirty B. Plummer
M. D. or other

Address: Preston Maryland Date signed: 2/9/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

12491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely 40 yrs
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Ridgely Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Emma Virginia (Connon) Buckle

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Reuben Buckle
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 22 1871

8. AGE: Years: 69 Months: 5 Days: 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Crompton Md (Town, county, and state)
10. Usual occupation: housekeeper — not for 13 yrs
11. Industry or business: home

FATHER
12. Name: John Connon
13. Birthplace: Md

MOTHER
14. Maiden name: Eliza Reed
15. Birthplace: Md

16. Informant: Emma V. Buckle
Address: Ridgely, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 8 1940 (month) (day) (year)
Cemetery or crematory: Greensboro.
Location: Greensboro Md

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md

19. Dec. 7 1940 (Date rec'd by registrar) J. D. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5 1940, at 5.55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to Dec. 5 1940, and that I last saw her alive on Dec. 5 1940.

Immediate cause of death: Uremia with Cerebral hemorrhage — DURATION: 3 days 2 days
Due to: Chronic Interstitial Nephritis several years
Due to: Arteriosclerosis — years
Other conditions: Senile Psychosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: J. S. Hufer M.D. (M. D. or other)
Address: Ridgely Md Date signed: 12-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

12492

CERTIFICATE OF DEATH

Reg. Dist. No. 63

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Near Preston, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): Full Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Near Preston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Charles Edward Chamberlain

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Mary Martha Chamberlain

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): October 30, 1862

8. AGE: Years	Months	Days	If less than one day
78	1	26	____ hrs. ____ min.

9. Birthplace: Preston, Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: None

FATHER — 12. Name: George Chamberlain

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace: "

16. Informant: Martha Chamberlain

Address: Preston, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 28, 1940 (month) (day) (year)

Cemetery or crematory: Mt. Pleasant Cemetery

Location: Near Prestonm Md.,

18. Funeral director: W. H. Hollis & Son

Address: Preston, Md.,

19. 12/27/1940 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 27, 1940, at 11A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1940 to Dec. 27 1940, and that I last saw him alive on Dec. 27, 1940

Immediate cause of death	DURATION
Chronic Nephritis	2 years
Due to Uremia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H. T. Webb, M.D. M. D. or other

Address: Easton, Md. Date signed 12/27/40

RECEIVED
JAN 6 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12493

Reg. Diat. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Denton Rural, R.D. # 3
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton, rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. between Log Cabin & Elbow mill
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Baby Davis

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

8 (b) Name of husband or wife none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 3 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	____ hrs. ____ min.

9. Birthplace Denton Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Leslie Wright Davis
13. Birthplace Cordova, Md

MOTHER
14. Maiden name Hazel Matilda Knock
15. Birthplace Wisconsin

18. Informant Mrs. Leslie Davis
Address Denton, R.D. # 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 5 1940 (month) (day) (year)
Cemetery or crematory Springhill
Location Easton Md.

18. Funeral director Leslie Davis
Address Denton Md R.D.

19. Dec 5 1940 (Date rec'd by registrar) J. W. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH unknown 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death Still Birth — DURATION 1 wk?

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Dt operations ____
Dt autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE J. Shifer M.D.
M. D. or other
Address Ridgely Md Date signed 12-3-40

RECEIVED
JAN 3 1941
BUREAU V. S.

12495

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Hillsboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Hillsboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Sarah V. Harris

3. (b) Social Security Number

4. Sex: Femine

5. Color or race: W

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: George W. Harris

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 14, 1871

8. AGE: Years 69 | Months 9 | Days 6 | If less than one day ..... hrs. ..... min.

9. Birthplace: Easton Talbot Md.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: ✓

FATHER
12. Name: William H Slaughter
13. Birthplace: Md.

MOTHER
14. Maiden name: Elizabeth Williamson
15. Birthplace: Md.

16. Informant: George S. Harris

Address: 2514 Talbot Road Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 23, 1940 (month) (day) (year)

Cemetery or crematory: Cherbrfield

Location: Centreville Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro. Md

19. Dec. 23, 1940 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 20 1940, at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1940, to Dec. 19 1940 and that I last saw her alive on Dec. 19 1940

Immediate cause of death	DURATION
Chronic Myocarditis	3 yrs.
Due to	
Due to	
Other conditions: Cardio-renal disease	4 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles H. Stonesifer M.D. M. D. or other

Address: Greensboro, Md. Date signed: 12/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

12496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro Rural.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Irene M. Haymon.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Married

6.(b) Name of husband or wife: George W. Haymon
6.(c) If alive, give age: 32 years
7. Birth date of deceased (mo., day, yr.): Dec. 9. 1909

8. AGE:

Years	Months	Days	If less than one day
31		15	hrs. min.

9. Birthplace: Greensboro Caroline Md.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business
FATHER
12. Name: Harry Karcher
13. Birthplace: Maryland.
MOTHER
14. Maiden name: Ollie Pritchett.
15. Birthplace: Maryland.
16. Informant: George W. Haymon.
Address: Wilmington Del.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 26. 1940 (month) (day) (year)
Cemetery or crematory: Greensboro.
Location: Greensboro Md.
18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.
19. Dec. 26 1940 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23 1940, at 3.15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 3 1940, to Dec 23 1940 and that I last saw her alive on Dec 22 1940

Immediate cause of death	DURATION
acute Glomerulus Nephritis	4 wks.
Due to: Chronic Endocarditis	2 yr ±
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. Paul Knotts MD
M. D. or other
Address: Denton Md Date signed: Dec 24-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124)

CERTIFICATE OF DEATH

12497

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg – Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years –

Hospital, institution, or street address where death occurred: Near Hynson

How long in hospital or institution? –

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg – Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Hynson

(If rural, give LOCATION)

2.(a) If veteran, name war –

3.(a) FULL NAME Sonny Hubble

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife –

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) January 14, 1920

8. AGE:

Years	Months	Days	If less than one day
20	10	25	..... hrs. ..... min.

9. Birthplace York County, Pennsylvania (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Farm

FATHER 12. Name Jonas Hubble

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden name Easter Bailey

MOTHER 15. Birthplace West Virginia

18. Informant Jonas Hubble

Address Federalsburg, Md., R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 11, 1940 (month) (day) (year)

Cemetery or crematory Pine Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Dec. 11 1940 (Date rec'd by registrar) J.J. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1940, at 8:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Accidental discharge of shot gun	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Melvin J. Melvin M. D. or other

Address Deputy Medical Examiner Date signed Dec 11 1940

Caroline Co.

RECEIVED
JAN 8 1941
BUREAU V. S.

12498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Walter M. Imorde

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 3. 1906

8. AGE: Years	Months	Days	If less than one day
34		20	..... hrs. ..... min.

9. Birthplace: Clairton Allegany Pa.

(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER

12. Name: William Imorde

13. Birthplace: Germany.

MOTHER

14. Maiden name: Gretinde Scharapp.

15. Birthplace: Pa.

16. Informant: Henry Spearing

Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 27. 1940 (month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. Dec. 27. 1940 (Date rec'd by registrar) L. Mae Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 22 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Suicide with Shot Gun

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Fredric N. Nichols M. D. or other

Address: Denton Md. Date signed: 12/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 2 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-2

CERTIFICATE OF DEATH

12499

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro R.F.D

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John L. Johnson.

3. (b) Social Security Number 195-05-4747

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	B	Married

6.(b) Name of husband or wife: Emma Johnson.

6.(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): June 11 - 1896

8. AGE:

Years	Months	Days	If less than one day
44	4	25	hrs. min.

9. Birthplace: Cordova Talbot. Md.

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Steel Mills

FATHER

12. Name: John Johnson.

13. Birthplace: Md

MOTHER

14. Maiden name: Adelene Munday.

15. Birthplace: Md.

16. Informant: Freddie Johnson

Address: 1411 W. Fishel Chester Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 10. 1940 (month) (day) (year)

Cemetery or crematory: Mt Hope

Location: Near Greensboro Md

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. Dec 9 1940 (Date rec'd by registrar) L. Mac Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6 1940 at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20 1940, to Dec. 6 1940

and that I last saw h[illegible] alive on Dec 5. 1940

Immediate cause of death

Angina Pectoris — DURATION: 14 da.

Due to

Due to

Other conditions: Liver

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles N. Stevenson M.D. M. D. or Coroner

Address: Greensboro Md Date signed: Dec 9 1940

RECEIVED
DEC 26 1940
BUREAU V. S.

12500

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Henry Pollard.

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband or~~ wife Ella Arrington

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan. 17th 1867

8. AGE: Years 72 Months 11 Days 10 If less than one day ___ hrs. ___ min.

9. Birthplace Sunwood Del

(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER 12. Name Henry Pollard

13. Birthplace Del

MOTHER 14. Maiden name Henetta

15. Birthplace Del

16. Informant Mrs Ella Pollard

Address Denton Md.

17. Buried Date thereof 12-15-40

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Concord Cemetery

Location Concord Md

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. 12-14 1940 Mrs D O Yonge

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1940, at 9 A 35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938, to Dec 13 1940, and that I last saw him alive on Dec 12 1940

Immediate cause of death Cardio-vascular

Due to Renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 1938 Jan

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dawson J George

M. D. or other

Address Denton Date signed 12/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 7 1941
D[illegible] V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12501

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline

City or town Near Ridgeley

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Ann

City or town Queen Ann Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Carter Rutter

3. (b) Social Security Number none

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced married

8 (b) Name of husband ~~or wife~~ Harry Rutter

8(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec. 4th 1874

8. AGE: Years 66 Months — Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Queen Ann Md. (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Elijah Dean

13. Birthplace Maryland

MOTHER 14. Maiden name Catherine Taylor

15. Birthplace Maryland

16. Informant Mrs W. Sparks

Address R. D. Ridgeley, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 11 1940 (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location Denton Maryland

18. Funeral director J. Virgil Moore & Son

Address Denton Md.

19. Dec 10 1940 (Date rec'd by registrar) J. D. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1940, at 4 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/2 1940, to 12/9 1940 and that I last saw her alive on 12/7 1940.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION 7 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. J. Selver M. D. or other

Address Goldsboro Md. Date signed 12/10/40

RECEIVED
JAN 3 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-2)

CERTIFICATE OF DEATH

12502

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: High St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. High Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Asbury Taylor.

3. (b) Social Security Number 217-14-8510

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 31-1911

8. AGE:

Years	Months	Days	If less than one day
28	11	6	____ hrs. ____ min.

9. Birthplace Hickman Del.
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Thomas Taylor
13. Birthplace Delaware (Kent Co.)

MOTHER
14. Maiden name Mary E. Taylor
15. Birthplace Denton Md.

16. Informant Mary E. Taylor
Address High St. Denton md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-8-1940. (month) (day) (year)
Cemetery or crematory Cemetery
Location Denton md.

16. Funeral director Sewell A. Henry.
Address 222 Cedar St, Cambridge Md.

19. 12-6 1940 Wm O George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1940, at 9 40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 9 1940 to Nov. 28 1940 and that I last saw him alive on Nov. 28 1940

	DURATION
Immediate cause of death Cortic Insufficiency	?
Due to Uraemia	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. L. Small M. D. or other
Address Denton, Md. Date signed 12-6-40

RECEIVED
JAN 7 1941
BUREAU V. S.

12503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 5 years.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Charles W. Todd.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married.

6.(b) Name of husband or wife: Mary K Todd

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.): April 19, 1856

8. AGE: Years 84 | Months 7 | Days 19 | If less than one day ... hrs. ... min.

9. Birthplace: Fedrabsburg Caroline Md.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business ✓

FATHER
12. Name: Henry Todd.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Vuknown
15. Birthplace: Vuknown.

16. Informant: Mrs. Catherine Todd.
Address: Greensboro Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 9. 1940
(month) (day) (year)

Cemetery or crematory: Greensboro

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. Dec. 9 1940 L. Mae Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6 1940 at 8:45 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1940, to Dec 6 1940 and that I last saw him alive on Dec 4 1940

Immediate cause of death: arteriosclerosis

DURATION: 6 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E Paul Knotts M D
M. D. or other

Address: Denton Md Date signed: Dec 6-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RE[illegible]
JAN 3 1941
BUREAU V. S.

12504

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline.

City or town: ~~[illegible]~~ Ridgily Rural.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Samuel Towers.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Widowed.

6.(b) Name of husband or wife: Debby.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 10, 1857

8. AGE:

Years	Months	Days	If less than one day
82	5	15	..... hrs. ..... min.

9. Birthplace: Preston Caroline Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: ✓

FATHER
12. Name: Andrew Towers.
13. Birthplace: Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Md.

16. Informant: Otis Towers.

Address: Queen Anne Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 12. 29. 40 (month) (day) (year)

Cemetery or crematory: Greensboro.

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. Dec. 26 1940 (Date rec'd by registrar) L. McLippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/26/40 19..... at 11.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 1940 to Dec. 25 1940 and that I last saw him alive on Dec. 25 1940

Immediate cause of death: Cerebral Hemorrhage & hemiplegia — DURATION: 3 da

Due to: Arteriosclerotic Cardio-vascular Disease.

Due to:

Other conditions: Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Chas H Stone for M.D. M. D. or other

Address: Greensboro, Md. Date signed: 12/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

12505

Reg. Diat. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Near Denton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Near Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Somers Fisher

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 19th 1864

8. AGE:

Years	Months	Days	If less than one day
76	8	22	hrs. min.

9. Birthplace: Near Denton, Caroline Md.
(Town, county, and state)

10. Usual occupation: Day Laborer on Farm

11. Industry or business

FATHER
12. Name: Aaron Fisher
13. Birthplace: Maryland

MOTHER
14. Maiden name: Annie Fillmer
15. Birthplace: Maryland

16. Informant: Roger Wright
Address: R.D. Denton, Md.

17. Buried
(Burial, cremation, or removal. Which?)
Date thereof 12-14-40
(month) (day) (year)

Cemetery or crematory: Bells Chapel
Location: Near Denton, Md.

18. Funeral director: J. Virgil Wood & Son
Address: Denton, Md.

19. 12-14 1940 Wm D O Garye
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 12 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 11 1940, to Dec 1940, and that I last saw h alive on Dec. 10 1940.

Immediate cause of death: Generalized arteriosclerosis — DURATION: 5 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Paul Knotts M.D.
M. D. or other
Address: Denton Md. Date signed Dec 13-1940

RECEIVED
JAN 7 1941
BUREAU V. S.